

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11096	2. Fiscal Year Covered From: 01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Norman A Teed P.O. Box, Bldg., Room No., if any Street 201 Elm St. E City Raynham State MA ZIP Code + 4 02767	4. Name, file number, and address of labor organization. Name Engineers, Operating, AFL-CIO LU4 Labor Organization File Number 033-610 P.O. Box, Building and Room Number, if any Street 16 Trotter Drive City Medway State MA ZIP Code + 4 02053
5. Position in labor organization. Recording Secretary - Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Norman A. Teed

On

8/11/2005

Date

508-822-5518

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Hoisting & Portable Engineers,
Local 4 Apprentice & Training Program**

Trade Name, if any: **Engineers Training Center**

P.O. Box, Bldg. Room No., if any

Street **1 Engineers Way**

City **Canton**

State **MA** ZIP Code + 4 **02021**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name **Hoisting & Portable Engineers,
Local 4 Apprentice & Training Program**

Trade Name, if any: **Engineers Training Center**

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Street **1 Engineers Way**

City **Canton**

State **MA** ZIP Code + 4 **02021**

11.a. Nature of such dealing.

**IUOE Training and Safety & Health
Conference April 17 - 23, 2004
San Diego, CA**

11.b. Approximate dollar value of such dealing. **2373.00**

12.a. Nature of interest held or income received.

**Air Fare 430
Hotel Bill 1376
Registration 250
Daily Expenses 317
(meals, tips, ground transportation,
parking, tolls, porters)**

12.b. Amount. **2373.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Norman A. Teed	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center P.O. Box, Bldg., Room No., if any Street 1 Engineers Way City Canton State MA ZIP Code + 4 02021	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program Trade Name, if any: Engineers Training Center P.O. Box, Bldg., Room No., if any Street 1 Engineers Way City Canton State MA ZIP Code + 4 02021	11.a. Nature of such dealing. Labor Management Construction Safety Conference March 23 - 24, 2004 <hr/> 11.b. Approximate dollar value of such dealing. 250.00 12.a. Nature of interest held or income received. Meeting Registration 250.00 <hr/> 12.b. Amount. 250.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	Norman A. Teed	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program</p> <p>Trade Name, if any: Engineers Training Center</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street 1 Engineers Way</p> <p>City Canton</p> <p>State MA ZIP Code + 4 02021</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Hoisting & Portable Engineers, Local 4 Apprentice & Training Program</p> <p>Trade Name, if any: Engineers Training Center</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 Engineers Way</p> <p>City Canton</p> <p>State MA ZIP Code + 4 02021</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">Massachusetts Building Trades Council AFL CIO, May 12-14, 2004</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 28.00</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">Meal 28.00</p> <hr/> <p>12.b. Amount. 28.00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment:</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>